

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37222

DEC 22 1941

791

Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

9452

## 1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Missouri Baptist Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 weeks  
 In this community 60 years  
 (Specify whether years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6326 Pernod Avenue  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country None

3. (a) PRINT FULL NAME Mary C. Payken

3. (b) If veteran, name war no  
 3. (c) Social Security No. no

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Rudolph Payken  
 6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 2, 1870  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>2</u>	<u>25</u>	hr. min.

9. Birthplace Germany  
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name Herman Silke

13. Birthplace Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carolyn Jurgens

(b) Address 6326 Pernod St. Louis, Mo.

17. (a) Shipment (b) Date thereof 11-29-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cleveland, Ohio

18. (a) Signature of funeral director C. Hoffmeister K. L. Co.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) 28 1941 (b) J. F. Brudeck  
 (Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27  
 year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from.....

....., 19....., to....., 19.....;  
 that I last saw h..... alive on....., 19.....;  
 and that death occurred on the date and hour stated above.

Pulmonary Thrombosis  
Contusion of left hip  
When he fell into the side  
of a Automobile driven by one  
Fred Schraeder at the  
intersection of Pernod  
on Hampton ave. about  
7:25 PM Nov 1, 1941

Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov 1 - 1941

(c) Where did injury occur? St. Louis

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Public Place

(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature W. H. Perry (M.D. or other)

Address St. Louis, Mo. Date signed 11/28/41

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address. *7814 S. Burr*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**